

MEDICATIONS

MEDICATIONS		HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
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PHS0218

Date:

850 EACH

159571

Facility Name: <u>TWA</u>		Month/Year of Charting: <u>11/05</u>																													
INH 300mg $\frac{...}{111}$ po qAM Tues/Thurs	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
	Start Date: <u>8/16/05</u>															Prescriber: <u>D/C 11-305</u>															
Stop Date: <u>5/16/06</u>		RX #:																													
Vit B ₆ 50mg $\frac{...}{1}$ po qAM Tues/Thurs	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
	Start Date: <u>8/16/05</u>															Prescriber: <u>D/C 11-305</u>															
Stop Date: <u>5/16/06</u>		RX #:																													
Mom 30cc PRN x 90 days	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
	Start Date: <u>10/5/05</u>															Prescriber: <u>D/C 11-305</u>															
Stop Date: <u>11/5/06</u>		RX #:																													
Lasix 20mg $\frac{...}{1}$ po qd x 5 days	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
	Start Date: <u>11/14/05</u>															Prescriber: <u>D/C 11-305</u>															
Stop Date: <u>11/16/05</u>		RX #:																													
Provera 10mg $\frac{...}{1}$ po qday x 14 days	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
	Start Date: <u>11/14/05</u>															Prescriber: <u>D/C 11-305</u>															
Stop Date: <u>11/27/05</u>		RX #:																													
	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
	Start Date:															Prescriber:															
Stop Date:		RX #:																													
Diagnosis: <u>Cocaine</u>		Nurse's Signature: <u>M. Johnson, RN</u>		Initial: <u>ME</u>		Nurse's Signature: <u>[Signature]</u>		Initial: <u>[Initial]</u>		Documentation Codes																					
Allergies:		Housing Unit: <u>159516</u>		Patient ID Number: <u>159516</u>		Patient Name: <u>Clackler, Debra</u>		Date of Birth: <u>11/26/54</u>		1. Discontinued Order 2. Refused 3. Patient out of facility 4. Charted in Error 5. Lock Down 6. Self Administered 7. Medication out of Stock 8. Medication Held 9. No Show 10. Other																					

PHS0219

Month/Year: 11/05		Charting:																														
Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Mom 30 w Pain x 900 mg	<div>Start Date: 10/05</div> <div>Stop Date: 11/05</div> <div>Prescriber:</div> <div>RX #:</div>																															
	<div>Start Date:</div> <div>Stop Date:</div> <div>Prescriber:</div> <div>RX #:</div>																															
	<div>Start Date:</div> <div>Stop Date:</div> <div>Prescriber:</div> <div>RX #:</div>																															
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	<div>Start Date:</div> <div>Stop Date:</div> <div>Prescriber:</div> <div>RX #:</div>																															
	<div>Start Date:</div> <div>Stop Date:</div> <div>Prescriber:</div> <div>RX #:</div>																															

Diagnosis	Nurse's Signature		Initial	Nurse's Signature		Initial	Documentation Codes 1. Discontinued Order 2. Refused 3. Patient out of facility 4. Charted in Error 5. Lock Down 6. Self Administered 7. Medication out of Stock 8. Medication Held 9. No Show 10. Other
Allergies	[Signature]			[Signature]			
Housing Unit:							
Patient ID Number	159516						
Patient Name	Clashen, Debra						
			Date of Birth		11/26/57		

PHS0220

Facility Name: Tutwiler Prison for Women

Docusate Sodium 100MG Cap
60.00

Take 2 capsule(s) by mouth daily

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Start Date: 08-02-2005

Prescriber: Williams, Winfred

Stop Date: 10-30-2005

RX #: 250325117

INH 300mg
Tues/Thurs

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Start Date: 8/16/05

Prescriber:

Stop Date: 5/16/06

RX #:

Vit B6 50mg
po q Am Tues/Thurs

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Start Date: 8/16/05

Prescriber:

Stop Date: 5/16/06

RX #:

Motrin 600mg po
BID x 7 days

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Start Date:

Prescriber:

Stop Date: 10/2/05

RX #:

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Start Date:

Prescriber:

Stop Date:

RX #:

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Start Date:

Prescriber:

Stop Date:

RX #:

Diagnosis

Allergies

Housing Unit: Population

Patient ID Number: 159516

Patient Name:

Clackler, Debra

Nurse's Signature

Initial

Nurse's Signature

Initial

Documentation Codes

1. Discontinued Order
2. Refused
3. Patient out of facility
4. Charted in Error
5. Lock Down
6. Self Administered
7. Medication out of Stock
8. Medication Held
9. No Show
10. Other

PHS0221

Date of Birth:

Facility Name: Tutwiler Prison for Women

Month/Year of Charting: 09/05

Docusate Sodium 100MG Cap
60.00

Take 2 capsule(s) by mouth daily

												Month/Week: 09/05																				
Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
6A	u			m				m																								

Start Date: 08-02-2005

Prescriber: Williams, Winfred

Stop Date: 10-30-2005

RX #: 250325117

INH 900 mg po
q Tues + Thurs
X 9 mo.

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
6A								M																								

Start Date: 8/16/05

Prescriber:

Stop Date: 5/16/06

RX #:

Vit B6 50 mg po
q Tues + Thurs
X 9 mo.

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	3	
6A																																

Start Date: 8/16/05

Prescriber:

Stop Date: 5/14/05

RX #:

Phenergen 25mg po
BID PRN X 5 days

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	3
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Start Date:

Prescriber:

Stop Date:

RX #:

9-8-5 9-14

Provera 10mg
PO daily X 14 days

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	3	
6A																																
7																																
													</																			

Start Date:

Prescriber:

Stop Date:

RX #:

9-8 9-23

Motrin 600mg po BID
X 7 days

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	3	
6A																																
6P																																

Start Date:

Prescriber:

Stop Date:

RX #:

9-25-05

Diagnosis

Nurse's Signature

Initial

Nurse's Signature

Initial

Documentation Codes

Allergies

Housing Unit: Population

Patient ID Number: 159516

Patient Name:

Clackler, Debra

PHS0222

Date of Birth:

1. Discontinued Order
2. Refused
3. Patient out of facility
4. Charted in Error
5. Lock Down
6. Self Administered
7. Medication out of Stock
8. Medication held
9. No Show
10. Other

STD01

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
Immunin i pkg PO BID x 100mg 5/18/05	6A																												
Fluoxetine 50mg po BID x 1 mg 6/21/05	6A																												
Valproic Acid 250mg i q am 6/15/05	6A																												
Valproic Acid 250mg i q am 6/15/05	6A																												
Turns i bottle KOP 7/15/05	6A																												

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE																													
CHARTING FOR		7/1/05																											
Physician		THROUGH 7/31/05																											
All. Physician																													
Allergies		Codeine																											
Diagnosis																													
Medical Number																													
Medicare Number																													
Complete Entries Of																													
By:		[Signature]																											
Title:		RN																											
Date:		6/2																											
PATIENT CODE		159576																											
ROOM NO.																													
BED																													
FACIL																													

PHS0223

STD 701

MEDICATIONS		HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
Metamucil $\frac{1}{2}$ ph po BIB x 100 day po 5/8/05 8/18/05		6A 6P	X					m																						
Zantac 150 mg $\frac{1}{2}$ po BID x 10 days 6/11/05		6A 6P																												
mag citrate 1 bottle now 6/11/05																														
Pericardial tabs $\frac{1}{2}$ po q 4h per pain 6/24/05		P 2 W																												
Flagyl 500mg BID x 7 days 6/22/05 7/5/05		6a 6p																												

CHARTING FOR		NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE	
Physician: <i>Summit</i>	6/11/05	THROUGH	6/30/05
Alt Physician:		Telephone No.	Medical Record No.
Allergies: <i>Codine</i>		Alt. Telephone	159576
Diagnosis:		Rehabilitative Potential	
Medicaid Number:	Medicare Number:	Complete Entries Checked By: <i>[Signature]</i>	PHS0224
Clacklee, Debra		By: <i>[Signature]</i>	PATIENT CODE: 159576
			ROOM NO. BED FACIL

STD01

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
Clack Error MC																													
Metamucil 1 pk BID x 100 days 8/8/05 8/18/05	6a 4p																												

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
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CHARTING FOR		NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE	
Physician	THROUGH	Telephone No.	Medical Record No.
Alt. Physician		Alt. Telephone	
Allergies		Rehabilitative Potential	

Diagnosis	PHS0225
Access Number	Medicare Number
Complete Entries Checked	By: Clackler Debra
Patient Code	Room No.
159516	Bed
Date:	Facility

MEDICATION ADMINISTRATION RECORD

STD01

[illegible]

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR 3-1-05

THROUGH 3-31-05

Physician Peasant

Alt. Physician

Telephone No. _____

Medical Record No.

nergies

Rehabilitative
Potential

Diagnosis

PHS0226

Medicaid Number

Medicare Number

~~Complete Entries Checked~~

15

1432

IENT CODE
59516

ROOM NO

Date. 5/28

PATIENT

Checker Debra

10/01/2004
 STD01

(TUA-458) TUTTILLER ANNEX

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
METOCLOPRAMIDE (REGLAN) 10MG TAB TAKE 1 TABLET(S) BY MOUTH TWICE DAILY	6A	AA																											
RX: 6174985 ENGLEHART, M.D. (DIR, SAM, MD) START - 09/04/2004 STOP - 12/02/2004	6P	AA																											
DIGADOYL (DULCOLAX) 5MG TAB TAKE 2 TABLET(S) BY MOUTH AT BEDTIME AS NEEDED *DO NOT CRUSH*	6P	AA																											
RX: 6184983 ENGLEHART, M.D. (DIR, SAM, MD) START - 09/08/2004 STOP - 11/06/2004	6A	AA																											
Colace 100mg #1 p.o. BID x100 days 10/11/04 4/11/04	6A	AA																											
mag. white #1 both Tues & Friday x30 days 10/11/04 11/11/04	6A	AA																											

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE																													
CHARTING FOR 10/01/2004 THROUGH 10/31/2004																													
Physician ENGLEHART, M.D. (DIR, SAM)														Telephone No.															
Alt. Physician														Alt. Telephone															
Allergies CODEINE														Rehabilitative Potential															
Diagnosis																													
Medicaid Number														Medicare Number															
Complete Entries Checked																													
By: J. Horton R																													
PATIENT														Title:															
CLACKLER, JESSICA														PATIENT CODE															
														ROOM NO															
														BED FACIL															
														159516															
														1															

PHS0228

09/01/2004
 STD01

(TUA-438) TUTWILER ANNEX

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
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DICYCLONINE (BENTYL) 10MG CAP

TAKE 1 CAPSULE(S) BY MOUTH TWICE DAILY

KEEP ON PERSON

RX: 6098456 ENGLEHART, M.D. (DIR, SAM, MD)

START - 08/20/2004 STOP - 09/18/2004

RANITIDINE (ZANTAC) 300MG TAB

TAKE 1 TABLET(S) BY MOUTH TWICE DAILY *KEEP ON PERSON*

RX: 6098460 ENGLEHART, M.D. (DIR, SAM, MD)

START - 08/20/2004 STOP - 09/18/2004

Colace 100mg qd PRN
 X1800

6A AM

did q/a/cy

X

6P

6A AM

V/V

6P

6A AM

X

6P

6A AM

6P

6P

6P

6P

X

6A AM

6P

6P

6P

6P

X

6A AM

PETIDOL (PETIDOL) 10MG TAB

TAKE 1 TABLET(S) BY MOUTH TWICE DAILY

RX: 6174385 ENGLEHART, M.D. (DIR, SAM, MD)

START: 08/04/2004 STOP: 12/02/2004

CLACKLER, DEBRA

159516

4

4

4

4

4

4

4

4

Ruledex ii PO
 Q15 x 600mg PRN
 09/06/04 11/06/04

6A AM

6A AM

6A AM

6A AM

AMOXICILLIN (AMOXIL) 500MG CAP

TAKE 1 CAPSULE(S) BY MOUTH TWICE DAILY FOR 10 DAYS

CLACKLER, DEBRA

159516

6A AM

6P

6A AM

6P

6A AM

6P

6A AM

6P

Macro'dantin 100mg qd PO
 BID x 10 d.

6A AM

6P

6A AM

6P

6A AM

6P

stop 10/29
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1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
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NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR 09/01/2004 THROUGH 09/30/2004		Telephone No.		Medical Record No.
Physician ENGLEHART, M.D. (DIR, SAM)		Alt. Telephone		
All. Physician		Rehabilitative Potential		
Allergies CODEINE				

Diagnosis		PHS0229	
Medicaid Number	Medicare Number	Complete Entries Checked	
PATIENT CLACKLER, DEBRA		By: d. Horton	Date: 8/2
PATIENT CODE 159516	ROOM NO. 1	BED	FACILITY

(TUI-457) TUTTILER PRISON FOR WOMEN

STD T01

MEDICATIONS

RANITIDINE (ZANTAC) 150MG TAB

TAKE 1 TABLET(S) BY MOUTH TWICE DAILY *KEEP
ON PERSON*

FOX: 5959532 ENGLEHART, R. D. (DIR, SAM, MD

START - 07/23/2004 STOP - 08/21/2004

Discolor *Imyit'gd*
Par $\times 180$

 $\times 180$

8-26-04

— 222 —

Colony 100% gd
Pur x 180 das

Prüf x 180 das

Pair

MEDICATIONS

HOUR

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR 08/01/2004

THROUGH

08/31/2004

Physician ENGLEHART, M. D. (DIR, SAM

Telephone No _____

Medical Record No.

Alt Physician

Alt. Telephone

159522

CODEINE

Rehabilitative Potential

PHS0230

Diagnosis

Abstract

Medical: Number

Complete Entry ☒

By:

Time:

PATIENT

PATIENT CODE _____

ROOM NO.

Days

CLACKLER, DEBRA

159516

i

[illegible][illegible]

MEDICATIONS		HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
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NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR 8/18		THROUGH 8/31		COMPLETION NOTES, AND INSTRUCTIONS ON REVERSE SIDE	
Physician <i>Engelhardt</i>		Telephone No.		Medical Record No.	
Alt. Physician					

Allergies	Cocaine	Rehabilitative Potential
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Diagnosis

Medicaid Number:	Medicare Number:	Complete Entries Checked
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PATIENT: _____ By: _____ Title: _____ Date: _____

PATIENT:	Time:	Date:	Room No.	Bed	Facility
Clarkler Debra			1595110		

STD01

MEDICATIONS		HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
Zantac 150mg BID x 30 days		6p																												
7-17-04 8-17-04																														
Tylenol 325mg #		6p																												
BID x 14 days																														
Zantac 150mg PO		6p																												
BID x 30 days																														
7/21 8/21		KOP																												

MEDICATIONS		HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	
NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE																															
CHARTING FOR 7-1-04 THROUGH 7-31-04																															
Physician <i>Dr. [Signature]</i>																Telephone No.															
Alt. Physician <i>Dr. [Signature]</i>																Alt. Telephone															
Allergies																Rehabilitative Potential															
Medical Record No.																															
Diagnosis																															
Medicaid Number																Medicare Number															
Complete Entries Checked																By <i>[Signature]</i>															
PATIENT <i>C/ACKER, Debra</i>																Title <i>PC</i>															
159516																Date 7-1-04															

PHS0232

MEDICATIONS

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
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NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

THROUGH 6-30-4

Telephone No. _____

Medical Record No.

Alt. Telephone

Rehabilitative Potential

Diagnosis

PHS0233

Medicaid Number:

Medicare Number:

Complete Entries Checked

By:

Title:

PATIENT CODE

ROOM NO.

Date:

BED FACIL

PATIENT

Qackler Debm

STD01

MEDICATIONS

HOUR

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

Tylenol 325 3 TID
p.o. BID X 10 Amp
5/20/04 6/4/04

6A M
A A A A X

MEDICATIONS

HOUR

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

CHARTING FOR

6/1/04

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

Physician

Alt. Physician

Allergies

Codrine

Telephone No.

Alt. Telephone

Rehabilitative Potential

Medical Record No
159576

Diagnosis

PHS0234

Medicaid Number

Medicare Number

Complete Entries Checked

By

D. Bupp

Title

RN

PATIENT CODE
159576

ROOM NO.

Date: 5/26
BED FACILITY

Blackburn, Debra

STD01

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
Pen VK 500mg BID x 7 Days 5/10 - 5/17	6A 6P	[Handwritten: 5/10 - 5/17, 6A, 6P, and checkmarks]																											
Motrin 600mg BID x 5 Days 5/10 - 5/15	6A 6P	[Handwritten: 5/10 - 5/15, 6A, 6P, and checkmarks]																											
Phenergan 25mg BID x 3 DAYS 5-22-04 5-25-04	6A 6P	[Handwritten: 5-22-04 5-25-04, 6A, 6P, and checkmarks]																											
Tylenol 325mg TID x 100 5-25-04 6-4-04	6A 6P	[Handwritten: 5-25-04 6-4-04, 6A, 6P, and checkmarks]																											
Donnetol TID x 50 5-25-04 5-30-04	6A 6P	[Handwritten: 5-25-04 5-30-04, 6A, 6P, and checkmarks]																											

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
<p>CHARTING FOR <u>5/</u> NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE</p> <p>THROUGH <u>5/21/04</u></p> <p>Physician _____ Telephone No. _____</p> <p>Alt. Physician _____ Alt. Telephone _____</p> <p>Allergies _____ Rehabilitative Potential _____</p> <p>Diagnosis _____ PHS0235</p> <p>Medical Record No. <u>159576</u></p> <p>Medicaid Number _____ Medicare Number _____ Complete Entries Checked _____</p> <p>PATIENT <u>Clackler Debra</u> By: <u>Debra Johnson</u> Title: <u>n</u> Date: <u>5/10/04</u></p> <p>PATIENT CODE <u>159576</u> ROOM NO. _____ BED _____ FACILITY _____</p>																													

STD01

[illegible]

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE																														
CHARTING FOR 41904 THROUGH 43004																														
Physician														Telephone No.														Medical Record No.		
Alt. Physician														Alt. Telephone																
Allergies														Rehabilitative Potential																
Diagnosis																														
Medicaid Number														Medicare Number														Complete Entries Checked		
PATIENT														By: [Signature]														Title: LPN	Date: 4/19	
Clackler Debra														159516														PATIENT COPY	NURSE COPY	PHYSICIAN COPY